

# Consent form for JYNNEOS<sup>®</sup> vaccination

Last updated: 5 August 2022

Before you fill out this form make sure you have read the patient information sheet.

## About JYNNEOS<sup>®</sup> vaccination against monkeypox

JYNNEOS<sup>®</sup> (modified vaccinia virus Ankara – Bavarian Nordic, MVA-BN) is a vaccine used to prevent infection with smallpox and monkeypox viruses. It is manufactured by Bavarian Nordic. It is made using weakened live vaccinia virus and cannot cause smallpox or monkeypox.

\*JYNNEOS<sup>®</sup> contains trace residues of benzonase, gentamicin and ciprofloxacin (antibiotics), chicken host-cell DNA and chicken protein.

## Patient information

Name:	
Date of birth:	
Phone contact number:	
Name of next of kin (in case of emergency):	
Phone contact number:	

## Consent to receive JYNNEOS<sup>®</sup> vaccine (complete page 2 before signing)

- I confirm I have received and understood information provided to me on JYNNEOS<sup>®</sup> vaccination.
- I confirm that none of the conditions on page 2 apply to me, or I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccination provider.
- I confirm that I understand the risks and benefits of the JYNNEOS<sup>®</sup> vaccine.
- I agree to receive a course of JYNNEOS<sup>®</sup> vaccine

Patient's signature:	
Date:	

- I am the patient's parent, guardian or substitute decision-maker, and agree to JYNNEOS<sup>®</sup> vaccination of the patient named above.

Parent/guardian/substitute decision-maker's name:	
Parent/guardian/substitute decision maker's signature:	
Date:	

## Screening questionnaire

Yes	No	
		Have you ever had a severe reaction to a previous dose of JYNNEOS® or to one of its ingredients*?
		Have you ever had a severe reaction following any vaccine or medication (e.g., anaphylaxis)?
		Do you have any severe allergies (to anything)?
		Have you had a known or possible exposure to monkeypox in the last 14 days?
		Do you have a bleeding disorder or take any medicine to thin your blood (an anticoagulant therapy)?
		Do you have a condition that lowers immunity (e.g., leukaemia, cancer, HIV) or are you receiving treatment that lowers immunity?
		Have you ever had eczema (atopic dermatitis) or any other skin conditions?
		Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining around the heart)?
		Are you pregnant, planning to become pregnant or breastfeeding?
		Have you been sick with a fever or are feeling sick in another way?
		Do you currently have a rash (this could look like bumps, blisters or pimples) or any sores anywhere on your body, including in your mouth or your anus?
		Have you had a JYNNEOS® vaccine, or other monkeypox or smallpox vaccine before? If so, vaccine name (if known):_____ Date: _____
		Have you had an injection of immunoglobulin, or received any blood products or a whole-blood transfusion within the past year?
		Have you had a COVID-19 vaccine in the last 4 weeks, or do you plan to receive one in the next 4 weeks?
		Have you received any other vaccination in the last 4 weeks?

\*JYNNEOS® contains modified vaccinia Ankara – Bavarian Nordic live virus (active substance), trometamol, sodium chloride, and small amounts of benzonase, gentamicin and ciprofloxacin (antibiotics), chicken host-cell DNA and chicken egg protein.

If you answered **Yes** to any of the above questions, you may still be able to receive JYNNEOS®, however you should talk to your immunisation provider first to discuss the best timing of vaccination and whether any additional precautions are needed.